

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>National Association of REALTORS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address <b>430 N Michigan Ave</b>			Amount <b>100.00</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60611-4011</b>	Transaction ID : <b>E7187DA0B8D8D4E08A68</b>		
Purpose of Expenditure <b>Consulting Services</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Sen. Pat Roberts</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>717109.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Meath Media Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address <b>4441 Klinge St., NW</b>			Amount <b>24980.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20016-3578</b>	Transaction ID : <b>EEA5A058C81D647D2AC1</b>		
Purpose of Expenditure <b>Online video production costs</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Sen. Pat Roberts</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>717109.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>25080.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Michael McGrew</i>		[Electronically Filed]		Date MM / DD / YYYY <b>10 / 21 / 2014</b>	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>720 Strategies LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>	
Mailing Address <b>1111 19th St NW</b>		Amount <b>1750.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3603</b>	Transaction ID : <b>E92859BAF72B341FB92C</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <b>Website design costs</b>		Category/Type	
Name of Federal Candidate <b>Sen. Pat Roberts</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>717109.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1750.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>26830.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 21 / 2014**

Signature